

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024102

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 102

STATE FILE NUMBER

FILED JUN 25 1963

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u> | | c. CITY OR TOWN <u>West Plains</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Siloam Springs Rt.</u> | | d. STREET ADDRESS (If outside, give location) <u>Siloam Springs Rt.</u> | |
| 3. NAME OF DECEASED (Type or print) <u>Vernie E. Carter</u> | | 4. DATE OF DEATH Month <u>June</u> Day <u>17</u> Year <u>1963</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-10-1883</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter & farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Tama County, Iowa</u> | |
| 13a. FATHER'S NAME <u>John O. Carter</u> | | 13b. MOTHER'S MAIDEN NAME <u>Loretta Haynes</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>[redacted]</u> | |
| 17. INFORMANT <u>Mrs. Vern Carter, West Plains, Mo.</u> | | 14. NAME OF HUSBAND OR WIFE <u>Blanche Harris</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH <u>2-3 hrs</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>5:30</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>West Plains, Mo.</u> | |
| 21. I attended the deceased from <u>17-6-63</u> to <u>17-6-63</u> and last saw him <u>live on</u> <u>17-6-63</u> Death occurred at <u>5:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED <u>19/6/63</u> | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | 22b. ADDRESS <u>West Plains, Mo.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 23b. DATE <u>6-17-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Merle Hay Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Glidden, Iowa</u> |
| 24. FUNERAL DIRECTOR <u>Robertsons, West Plains, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-21-63</u> | 26. REGISTRAR'S SIGNATURE <u>Bestrice Cook</u> |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUN 26 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. H. Robertson
Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.